



BAY AREA
AIR QUALITY
MANAGEMENT
DISTRICT

BAY AREA AIR QUALITY MANAGEMENT DISTRICT
939 ELLIS STREET
SAN FRANCISCO, CA. 94109
ATTENTION: ADMINISTRATIVE SERVICES DIVISION

Office Use Only
P.R.R. NUMBER

Direct Dial: (415) 749-4761
FAX: (415) 749-5111

PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To expedite your request for District records, please fill out this form completely.
Specifically identify the type of records you are requesting from the list below. **NOTE:** There is a limit of one facility or one site address per request form.

REQUESTOR INFORMATION

NAME:		DATE:	
COMPANY:			
MAILING ADDRESS:			
CITY:	STATE:	ZIP CODE:	PHONE NUMBER:

REQUESTED FACILITY INFORMATION

FACILITY NAME:		
FACILITY ADDRESS:		
CITY:	STATE:	ZIP CODE:
TIME PERIOD OF DOCUMENTS REQUESTED:		To:

REQUESTED RECORDS (check *no more than three* applicable items)

<input type="checkbox"/> Complaint Information <input type="checkbox"/> Complaint Printout <input type="checkbox"/> Specific Complaint # _____	<input type="checkbox"/> Notice Of Violation Information <input type="checkbox"/> NOV Printout <input type="checkbox"/> Specific NOV # _____	OTHER: *** _____ _____ _____ _____ _____ _____ _____ _____
<input type="checkbox"/> Episode Information <input type="checkbox"/> Episode Printout <input type="checkbox"/> Specific Episode # _____	<input type="checkbox"/> AB2588 Inventory <input type="checkbox"/> Source Test Reports <input type="checkbox"/> Lab Report # _____	
<input type="checkbox"/> Permit Application Information <input type="checkbox"/> Permit Application Printout <input type="checkbox"/> Specific Application # _____ <input type="checkbox"/> Permit Conditions	<input type="checkbox"/> Review Permit Files * <input type="checkbox"/> Review Enforcement Files ** <input type="checkbox"/> Review Rule Development Files ** <input type="checkbox"/> Asbestos Notifications	

* Subject to facility review (i.e., trade secrets).

** You will be contacted to schedule an appointment date to review records.

*** If what you are seeking is not on this Form, you may attach a letter with additional information on the request.

Cost: Copies: \$.10 per page ; Diskette \$10.00; Audiotape \$5.00; Microfiche sheet \$8.00.

Note: After a preliminary estimate, **advance payment may be required.**

I hereby agree to reimburse the BAAQMD for the direct cost of duplicating the information requested in accordance with Gov't Code Section 6253(b).

Signature of Requestor

[] Enclosed are the records you requested.

[] We are unable to provide the records you requested.

[] A search was made but no records were found.

[] We are unable to find the record you requested because the request did not include sufficient information to find it.

[] Out of District's Jurisdiction.